Evidence for addition on cause of death shown on:

FILM No. G 128 OCT 27 1950

09535

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews Field
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Lavonus	(Middle) Eugene	(Last) Cameron	4. DATE OF DEATH	(Month) 9/ (Day) 23 (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 7/12/1930	9. AGE last birthday 20 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Mlo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Air Force	10b. KIND OF BUSINESS OR INDUSTRY Wireman	11. BIRTHPLACE (State or foreign country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Mable P. Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT U.S. Air Force			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850,8 Immediate cause (a) Asphyxia

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to drowning

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River — (CITY OR TOWN) Sand Gate (COUNTY) St. Marys (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 23 (Year) 50 (Hour) ? m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Accidental drowning - boat capsized (10-27-50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian I. Lane (Degree or title) M.D. — ADDRESS Lexington Park, Md. — DATE SIGNED 9/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 9-25-50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 9-25-50 — REGISTRAR'S SIGNATURE Camalier — 24. FUNERAL DIRECTOR S. B. Robinson, Leonardtown, Md. — ADDRESS

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1970
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09536

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes; STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ROBERT (Last) CARTER

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 22 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-28-1864

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Orion Carter

14. MOTHER'S MAIDEN NAME: Dalla Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Alice Chisley - St. Inigoes, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull; fracture of pelvis — Interval Between Onset and Death:

812.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Public road

(CITY OR TOWN): St Inigoes (COUNTY): St Mary (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 4/50 11P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? While walking accross road was struck by truck

22. I hereby certify that I attended the deceased from Sept. 4, 1950, to Sept 22, 1950, that I last saw the deceased alive on Sept 21, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: P. J. Beany (Degree or title) M.D. ADDRESS: Great Mills Md DATE SIGNED: 9-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-25-50 | NAME OF CEMETERY OR CREMATORY: St Peters Cemetery | LOCATION (City, town, or county) (State): Ridge, Maryland.

DATE REC'D BY LOCAL REG. 9/23/50 | REGISTRAR'S SIGNATURE: P. J. Beany M.D. | 24. FUNERAL DIRECTOR: C. B. Robinson ADDRESS: Leonardtown Md.

10094

RECEIVED
SEP 26 1950
BUREAU V. S

Evidence for addition in 18 shown on:

FILM No. G 129 NOV 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09537

Reg. Dist. No. 142

1. PLACE OF DEATH: COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABELLS
LENGTH OF STAY (In this place) 3 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 1002 G. St. E.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LEROY (Last) CLOCK

4. DATE OF DEATH (Month) SEPT (Day) 2 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH NOV. 22 1923

9. AGE last birthday 26 yrs. If under 1 year: Months 9 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILK BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY DAIRY

11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ROY CLOCK

14. MOTHER'S MAIDEN NAME IRENE CLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES ✓ (If yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY No. 577-22-0547

17. INFORMANT MRS. ALBERT HOOKER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823.5 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: immediate

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma (auto accident) (11-8-50 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hematoma of forehead.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) Highway 241 (CITY OR TOWN) Abell (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 2 (Year) 50 (Hour) 6:20 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Automobile hit tree.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 9/3/50.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 9-5-50

NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

LOCATION (City, town, or county) ARLINGTON (State) VA.

DATE REC'D BY LOCAL REG. 9-3-50

REGISTRAR'S SIGNATURE F. A. Camalier M.D. Per J. C. M.

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN MD.

49637

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 7 1950
BUREAU T. S

09538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) CURTIS (Last) DEAN
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-10-49
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Russell M. Dean Jr.
14. MOTHER'S MAIDEN NAME Hazel Irvine Sellers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS R. M. Dean - Great Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
490X	Immediate cause	(a) Pulmonary edema	1 hour
108	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar pneumonia	2 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/15, 1950, to 9/15, 1950, that I last saw the deceased alive on 9/15, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE Julian I. Dane M.D. (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-18-50
NAME OF CEMETERY OR CREMATORY Laurel Grove Cem.
LOCATION (City, town, or county) Ramsey Va. (State)
DATE REC'D BY LOCAL REG. 9/16/50
REGISTRAR'S SIGNATURE Comaker
24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09539

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town (Rural) avenue
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural avenue
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Walter Matthew Ellis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 9-27-1950

8. AGE: Years | Months | Days | If less than one day 6 hrs. min.

9. Birthplace avenue Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John William Ellis
13. Birthplace River Springs Md.

MOTHER
14. Maiden name Edna Ma Jones
15. Birthplace Orange Va.

16. Informant John William Ellis
Address avenue Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 28 50 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md.

16. Funeral director Robert Ellis
Address avenue Md.

19. 9-28- 1950 N. V. Palmer
(Date rec'd by registrar) (Signature) Registrar

1-09-27-0-41-9-24-1

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28- 1950, at 3:30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw him alive on 9-27- 1950

Immediate cause of death Premature birth

Due to over work probably.

Due to 776X

Other conditions 159
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

Address avenue Date signed 9-28-50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 30 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abells
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Guy

4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 10-1872
9. AGE last birthday 78 yrs. If under 1 year Months 4 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House wife self
11. BIRTHPLACE (State or foreign country) Virginia Westmorland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abram Evans
14. MOTHER'S MAIDEN NAME Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Arthur Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion (acute)	12 hrs
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE Vn D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 16 1950
NAME OF CEMETERY OR CREMATORY Sonny Ridge
LOCATION (City, town, or county) Crisfield Somerset (State) Md

DATE REC'D BY LOCAL REG. Sept 16-1950
REGISTRAR'S SIGNATURE F. A. Camalier M. D.
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

RECEIVED
SEP 20 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09541

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St Mary
City or town Leonardtown md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Chas
City or town Hughesville md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME alert a ALLIE KLIMKIEWICZ

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 - 1881

8. AGE: Years	Months	Days	If less than one day
69			hrs. min.

9. Birthplace Hughesville md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Self

FATHER 12. Name Bernard Klimkiewicz
13. Birthplace

MOTHER 14. Maiden name Mary Francis Wheatley
15. Birthplace

16. Informant Walter Jameson
Address Bryantown md

17. Burial, cremation, or removal. Which? Burial Date thereof 9-11-50 (month) (day) (year)
Cemetery or crematory St Marys
Location Bryantown md

18. Funeral director Hunt & Ryan
Address Waldorf md

19. 9-10 1950 M L Roach Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 8 1950, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 8 1950 to SEPT 8 1950 and that I last saw h..l.m alive on Sept 8 1950

Immediate cause of death	DURATION
Carcinoma breast with metastasis	9 mos
Due to	
Due to 15 ~~X~~ 46 f	
Other conditions arteriosclerotic cardiovascular disease	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Roy Guyther, MD M. D. or other
Address Hughesville Date signed 9/8/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 14 1950
BUREAU T. S

RECEIVED
SEP 14 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09542

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) BERNARD (Last) LOVE, Sr.

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-4-1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Phillip G. Love

14. MOTHER'S MAIDEN NAME: Mary L. Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J. B. Love Jr. Loveville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac failure	9/17/50
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 117a	(b) Chronic myocarditis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial duodenal obstruction when past | ?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 17, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aloysius C. Welch M.D. Chaptico Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/19/50 | NAME OF CEMETERY OR CREMATORY: St. Joseph | LOCATION (City, town, or county) (State): Morganza Md.

DATE REC'D BY LOCAL REG. 9/19/50 | REGISTRAR'S SIGNATURE: Camalier | 24. FUNERAL DIRECTOR: P. B. Robinson | ADDRESS: Leonardtown Md.

15663

RECEIVED
SEP 28 1950
BUREAU

09543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place) 12 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEMENTS
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) OLIVER (Last) LYON
4. DATE OF DEATH (Month) SEPT. (Day) 8 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH APRIL 18-1898
9. AGE last birthday 52 yrs. If under 1 year Months 4 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY FOR FAMILY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME LUISE W. OLIVER
14. MOTHER'S MAIDEN NAME SUSAN BREYFIELD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS ALBERT LYON CLEMENTS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unk
	(c) —	—

331X
83

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1950, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED Sept 8 '50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Sept. 11, 1950
NAME OF CEMETERY OR CREMATORY CHRIST.
LOCATION (City, town, or county) CHAPTICO (State) Md.

DATE REC'D BY LOCAL REG. 9-9-50
REGISTRAR'S SIGNATURE F. A. Camalier M.D. Per J.C.M.
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09544

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown, Patuxent River — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 203 - 2nd St. S.E. Wash. D.C.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Hugo (Last) Newton

4. DATE OF DEATH: (Month) 9 - (Day) 23 - (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-2-1909

9. AGE last birthday: 41 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Geo. M. Newton

14. MOTHER'S MAIDEN NAME: Mary E. Still

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Annie Wall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Drowning — 950.8 172

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION**: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Patuxent River — (CITY OR TOWN): Benedict — (COUNTY): Charles — (STATE): Md.

TIME OF INJURY (Month) (Dey) (Year) (Hour): 9 23 '50 ? m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY occur? Drowned when boat capsized.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John I. Lane — (Degree or title): MD — ADDRESS: Leonardtown, Md. — DATE SIGNED: 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 9-26-50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Washington — (State): D.C.

DATE REC'D BY LOCAL REG.: 9-26-50 — REGISTRAR'S SIGNATURE: Camalier — **24. FUNERAL DIRECTOR**: Geo. W. Wise Co. - Washington, D.C. — ADDRESS:

34009

RECEIVED
SEP 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09545

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: St. Mary's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 5100 - Livingston Rd. S.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	Garry	OWENS	9	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3-5-1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	U.S. Gov.	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Owens	Elizabeth Suade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	unknown	Ruth Long - 605 - E. St. SE. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

974x **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

164a (c)

INTERVAL BETWEEN ONSET AND DEATH: instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm	(CITY OR TOWN) (COUNTY) (STATE): Leonardtown, St. Mary's, Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 18 '50 9 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Suicide by hanging in rope

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John I. Law	M.D.	Leonardtown Md.	9/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-21-50	Washington National	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/50	Camalier	W. W. Chambers	Washington, D.C.

3149

VS. A15A

Received
SEP 22 1950
Bureau of U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09546

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2N2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Florence	Purcell	Sept	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct 19 1876	74 yrs.	11	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	self	Maryland St Marys	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raphael Down	Martha Gatting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	—	Mrs Eva Florance

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	7 mo.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 2, 1949, to Sept. 25, 1950, that I last saw the deceased alive on 9/23, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE E.K. Thompson (Degree or title) M.D. ADDRESS Lexington Park DATE SIGNED 9/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 27 1950	St Georges	Valley Lee St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-26-50	F A Camalier MD for J. C. M.	Jos C. Mattingley	Leonardtown Md

RECEIVED
SEP 29 1950
BUREAU Y. S

09547

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK
LENGTH OF STAY (In this place) 24 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE FLORIDA COUNTY ST. LUCIE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT PIERCE
STREET ADDRESS (If rural, give location) ROUTE 1 BOX 388 ✓

3. NAME OF DECEASED (Type or Print) (First) MYRTLE (Middle) MAE (Last) ROBINETTE
4. DATE OF DEATH (Month) SEPT (Day) 11 (Year) 1950

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH AUG 13 1895
9. AGE last birthday 55 yrs. If under 1 year Months 0 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIDGET SHOW
10b. KIND OF BUSINESS OR INDUSTRY CARNIVAL
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME MACK ROBINETTE
14. MOTHER'S MAIDEN NAME MARY HUGHES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.
17. INFORMANT BIRDIE MYRTLE TOLOSA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive Heart Failure	1 day
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

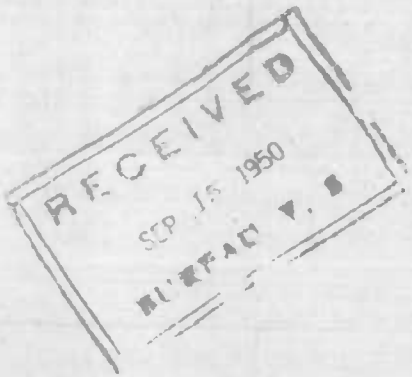
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF SEPT. 12, 1950
NAME OF CEMETERY OR CREMATORY WAYCROSS
LOCATION (City, town, or county) WAYCROSS (State) GEORGIA

DATE REC'D BY LOCAL REG. Sept 12 1950
REGISTRAR'S SIGNATURE F. A. Carnalier M.D.
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN Md.

V9490


RECEIVED
SEP 15 1950
BUREAU V. S

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09548

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, St.Marys COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
STREET ADDRESS (If rural, give location) U. S. Naval Air Station

3. NAME OF DECEASED (Type or Print) (First) Sandra (Middle) Jo (Last) WIGGINS

4. DATE OF DEATH (Month) September (Day) 17 (Year) 1950

5. SEX Female

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9-14-50

9. AGE last birthday 0 yrs. If under 1 year Months 0 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Nolan (none) WIGGINS

14. MOTHER'S MAIDEN NAME Johanna Sandra Capri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS VP-26, USNaval Air Station, Patuxent River, Md.
Father: Nolan Wiggins,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
770.0 Immediate cause	(a) ERYTHROBLASTOSIS, FETALIS, Without Immaturity	3 days
161c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PREMATURITY, Without Immaturity.	38 weeks gestation
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sept., 1950, to 17 Sept., 1950, that I last saw the deceased alive on 17 Sept. 1950, and that death occurred at 5:30 Am., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) PAUL VAUGHAN, Captain, Medical Corps, U.S. Navy. ADDRESS U.S. Naval Air Station, Patuxent River, Md. DATE SIGNED 9-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-19-50

NAME OF CEMETERY OR CREMATORY St. Aloysius

LOCATION (City, town, or county) (State) Leonardtown, St.Marys, Md.

DATE REC'D BY LOCAL REG. 9/19/50

REGISTRAR'S SIGNATURE F. A. Camalier, M.D.

24. FUNERAL DIRECTOR JOSEPH C. MATTINGLEY, Leonardtown, Md. ADDRESS

2-0-9-14-0-22-2-38-3 per RF

RECEIVED
SEP 20 1950
BUREAU V. S